

## Neurodevelopmental Disorders and Young People involved in the Child Protection and Youth Justice Systems

Colette Muir  
Developmental Paediatrician  
Starship



the “and” young people



## Contents

Neurodevelopmental disorders

Autism spectrum disorder

ADHD

Learning difficulties and intellectual disability

Questions



## Neurodevelopmental Disorders

The neurodevelopmental disorders are a group of conditions with onset in the developmental period. The disorders typically manifest early in development, often before the child enters grade school, and are characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning.



## Neurodevelopmental Disorders

- Autism Spectrum Disorder
- Attention Deficit Hyperactivity Disorder
- Intellectual Disability
- Specific learning disorder
- Developmental Coordination Disorder



## Why Do We Need To think About Neurodevelopmental Disorders?

- UK study of offenders- 45% youth and 24% adult males screen positive for a childhood history of ADHD
- Children in child protection system – 3-11 x higher rate of psychotropic medication use



## A Typical Referral

14 year old boy  
 Presents for Gateway Assessment  
 Exposure to family violence, physical abuse, transience  
 9 schools  
 Didn't pass school hearing screening, vision fine at Primary School  
 Very behind level of peers academically  
 Long list of interventions trialled but often not completed or poor engagement



- Difficulty with social relationships and peers
- Very distracted in classes
- Impulsive
- Family history – father on ADHD medication, mother mental illness
- Behavioural outbursts at school- esp. when changes occur
- Parents struggling to cope



## Where to next....

- Very complex
- ? Environment
- ? Trauma
- ? Neurodevelopmental disorder

Or all of the above?



## Often we think “or” or we don’t think

Behavioural or learning difficulties are accepted  
 Often it can be difficult to “tease out” the diagnosis  
 Diagnosis and management requires ongoing engagement with child, young person and family  
 Neurodevelopmental disorders can be difficult for family to manage  
 Services are set up for “or” not “and”- siloed thinking  
 Parents may have their own neurodevelopmental concerns



- Information lost when move school, DHB's
- Services can cost to access
- Too much information
- Less services as children get older
- Underfunded area
- Difficult to access services which provide follow up 'watchful waiting'



- How definitive do you need to be before starting treatment?
- Do you wait for the home environment to be sorted
- Wary of “magic” fixes
- Wary of giving ‘quick fix’ frameworks
- Attitudes to ADHD
- Communication between silo's esp. big picture



### Always think.....

- behaviour always makes sense to the individual
- be curious
- underlying reasons for behaviour may be complex, multifactorial and/or need you to go very deep



### Who Is Involved?

- The child or young person
- Teachers and schools
- Parents
- Other Educations professionals eg. MoE
- Oranga Tamariki Social Workers
- Oranga Tamariki Clinical Services
- Medical and/or CYMHS services



### Why Consider Neurodevelopmental Conditions

- demistifying the situation= giving a framework
- empowering parents, teachers, children and young people
- debunking myths (esp. those which cost money)
- trying to steer everyone in the right direction



### Why Diagnose?

- A framework of understanding for everyone
- Different strategies to try
- May increase access to supports



### Demistifying the Situation

Framework to help parents to understand their child

Always informed by their own experiences and beliefs

Move family, caregivers and professionals away from the "something has been missed" or "quick fix" way of thinking



### Autism Spectrum Disorder

1:68

Boys > girls

A different way of looking at the world



## Sometimes

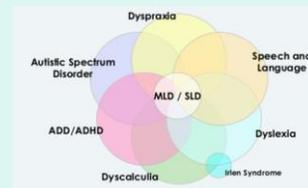
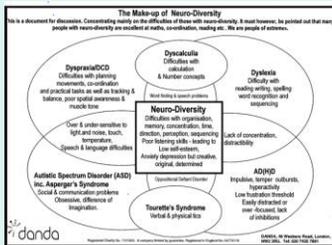
Diagnosis and treatment could be part of the plan



## Always...

Check hearing

Check vision



## Autism Spectrum Disorder

• Persistent deficits in social communication and social interaction across multiple contexts

1. Deficits in social-emotional reciprocity, ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation; to reduced sharing of interests, emotions, or affect; to failure to initiate or respond to social interactions.



2. Deficits in nonverbal communicative behaviors used for social interaction, ranging, for example, from poorly integrated verbal and nonverbal communication; to abnormalities in eye contact and body language or deficits in understanding and use of gestures; to a total lack of facial expressions and nonverbal communication.



- Deficits in developing, maintaining, and understanding relationships, ranging, for example, from difficulties adjusting behavior to suit various social contexts; to difficulties in sharing imaginative play or in making friends; to absence of interest in peers.



- B. Restricted, repetitive patterns of behavior, interests, or activities, as manifested by at least two of the following:

- 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g., simple motor stereotypies, lining up toys or flipping objects, echolalia, idiosyncratic phrases).
- 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, need to take same route or eat food every day).



- 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g., strong attachment to or preoccupation with unusual objects, excessively circumscribed or perseverative interest).
- 4. Hyper- or hyporeactivity to sensory input or unusual interests in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement).



- The range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence.

- The neurodevelopmental disorders frequently co-occur.



## Attention Deficit Hyperactivity Disorder

- Hyperactive /impulsive presentation often well recognised
- Concentration presentation often less so
- Frame this so parents know the ADHD is only one part of the picture
- But often a good place to start



### Overview of the DSM-5™ medical classification system for ADHD

- A persistent pattern of **inattention** and/or **hyperactivity-impulsivity** that interferes with functioning or development.<sup>1</sup>
  - **For children**, six or more of the symptoms (Table) have persisted for at least 6 months to a degree that is inconsistent with developmental level, and that negatively impacts directly on social and academic/occupational activities. **Please note:** the symptoms are not solely a manifestation of oppositional behaviour, defiance, hostility or failure to understand tasks or instructions<sup>2</sup>
  - **For older adolescents and adults (age 17 and older)**, five or more symptoms are required (Table)<sup>3</sup>
- Several inattentive or hyperactive-impulsive symptoms present prior to age 12 years<sup>4</sup>
- Several inattentive or hyperactive-impulsive symptoms present in two or more settings (e.g. at home, school or work; with friends or relatives; in other activities)<sup>5</sup>
- Clear evidence that the symptoms interfere with, or reduce the quality of, social, academic or occupational functioning<sup>6</sup>
- Symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder, and are not better explained by another mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).<sup>7</sup>

DSM-5™ diagnostic criteria for ADHD: symptoms of inattention, hyperactivity and impulsivity. Reproduced with kind permission'

Symptoms of inattention	Symptoms of hyperactivity and impulsivity
Often fails to give close attention to detail or makes mistakes	Often fidgets with or taps hands and feet, or squirms in seat
Often has difficulty sustaining attention in tasks or activities	Often leaves seat in situations when remaining seated is expected
Often does not seem to listen when spoken to directly	Often runs and climbs in situations where it is inappropriate (in adolescents or adults, may be limited to feeling restless)
Often does not follow through on instructions and fails to finish schoolwork or workplace duties	Often unable to play or engage in leisure activities quietly
Often has difficulty organising tasks and activities	Is often 'on the go', acting as if 'driven by a motor'
Often avoids, dislikes or is reluctant to engage in tasks that require sustained mental effort	Often talks excessively
Often loses things necessary for tasks or activities	Often blurts out answers before a question has been completed
Is easily distracted by extraneous stimuli	Often has difficulty waiting their turn
Is often forgetful in daily activities	Often interrupts or intrudes on others



## ADHD

- very common, 6% of population
- worth treating if component
- need to think "and" not just "or"
- medication eg. stimulants is very effective and safe
- easy to do a quick trial and stop if not successful
- then allows strategies to be put in place
- discuss primary and secondary outcomes of stimulants
- decision to start stimulants is a process for most parents
- Strong family history



• "chip away" vs. quick fix

• give outcomes

• give timeframes

• as well as, not instead of, the focus on learning difficulties



## Specific Learning Disorder

DSM 5

- difficulties learning and using academic skills
- >6 m, despite provisions which target those difficulties
- substantially and quantifiably below chronological age
- cause significant interference
- no ID, or other exclusion

- With impairment in reading, written expression, mathematics



Dyslexia is a spectrum of specific learning difficulties and is evident when accurate and/or fluent reading and writing skills, particularly phonological awareness, develop incompletely or with great difficulty. This may include difficulties with one or more of reading, writing, spelling, numeracy, or musical notation. These difficulties are persistent despite access to learning opportunities that are effective and appropriate for most other children.

People with dyslexia can be found across the achievement spectrum and sometimes have a number of associated secondary characteristics which may also need to be addressed, such as difficulties with auditory and/or visual perception; planning and organising; short-term memory; motor skills or social interaction.

People with dyslexia often develop compensatory strategies and these can disguise their difficulties. People with dyslexia can also develop compensatory strengths which can provide an opportunity to further advance their learning.

Early identification followed by a systematic and sustained process of highly individualised, skilled teaching primarily focused on written language, with specialist support, is critical to enable learners to participate in the full range of social, academic, and other learning opportunities across all areas of the curriculum.



## Intellectual Disability

- given limited psychologist access, when to consider?
- detailed school report
- 50% guide
- 70% guide
- functional assessment eg. ABAS



## Why Diagnose?

- disability supports
- future planning/prognosis
- may be harder to diagnose as an adult



## Intellectual Disability

- DSM IV
- IQ < 70
- Standardised measure of function < 70
- Need detailed psychological assessment to diagnose



## Education System Referrals

- Often first 2 years of school, range of children with range of levels
- Often refer age 7-8
- Behaviour impacts are noticed and referred more readily



## Concepts in Management

- Strengths and difficulties
- Islands of competence
- Some skills you remediate, others you work around
- Developmental trajectory- when starts to diverge from other children



www.tki.org.nz

The screenshot shows the TKI website interface. At the top, there are navigation tabs for 'Communities' and 'Schools'. Below the tabs is a search bar with the text 'Search TKI'. The main content area is divided into three columns: 'Special Education', 'Secondary Curriculum and NZCE', and 'E-Learning'. Each column contains a list of links and brief descriptions of resources available.



The screenshot shows the 'Inclusive Education' website. The header includes the title 'Inclusive Education' and the Ministry of Education logo. Below the header is a navigation bar with 'Home', 'Links', and 'Resources and Downloads'. The main content area is titled 'Featured guides' and contains four cards: 'ADHD and learning', 'Universal Design for Learning', 'Dyslexia and learning', and 'Leading schools that include all learners'. Each card lists key topics and provides a link to the full guide.



**Strategies**

- Information about dyslexia**  
Includes: Effect on learning Indicators
- Identifying needs and strengths, and accessing support**  
Includes: Learner profiles Family connections
- Supporting key areas of learning and well-being: reading, writing, and spelling**  
Includes: Adaptations Teaching strategies Useful technologies Phonological awareness
- Using whole-class strategies to support students with dyslexia, years 1 –6**  
Includes: Adaptations Participation Self-esteem Processing skills Organisation skills
- Using whole-class strategies to support students with dyslexia, years 7 –13**  
Includes: Adaptations Participation Self-esteem Processing skills Organisation skills



## Other Information...



## ORS Funding Criteria



**Criteria for Ongoing Resourcing Scheme (ORS)**

The Ongoing Resourcing Scheme (ORS) has 9 criteria covering 5 areas of student need for special education: learning, hearing, vision, physical, or language use and social communication.



## NCEA Special Examination Conditions

- Need to organise the year before
- Strict criteria
- Need up to date assessments
- Usually reader-writer, technology or extra time
- Need to learn and practice remedial conditions




**ADHD - an overview**

Attention deficit hyperactivity disorder (ADHD) is a developmental problem which affects your concentration and control of impulses. Your child will have trouble focusing, and will have trouble finishing, it will be noisy, they will forget, forgetfulness, and have a short attention span. ADHD is a chronic condition that can last into adulthood.

**Symptoms and diagnosis**

The diagnosis of ADHD must be made by a trained and experienced health professional using information from both the child and the school. It is a clinical diagnosis that requires an assessment by a specialist and a specialist report.

Common signs and symptoms are:

- Inattention
- Disruptive, interfering behaviour, moving from one task to another without completing anything




**Pre-teens school & education**

**PRE-TEENS 9-11 years**

- Behaviour
- Communicating & relationships
- Development
- Entertainment & technology
- Health & wellbeing
- School & education
- Common concerns
- School issues
- Gifted & talented children
- Learning

**How older kids learn**

Older children and teens enjoy learning when they're involved in organising learning activities.

**School & education articles**



## Strategies

- Many strategies are useful in a number of situations
- ASD- social stories, visual schedules
- ADHD- environmental and individual
- Specific learning difficulty and intellectual disability - communication strategies



## Always think:

- Why does this behaviour make sense to this person?
- Is there something else going on?
- Could I do this differently?



## Conclusion

- Neurodevelopmental disorders may be one piece of the puzzle for this young person
- Diagnosis can contribute to a framework of understanding and tailor management
- Diagnosis and management requires time, communication, multiple professionals with multiple people contributing their expertise

